

Dr. La Rue, "are the same as those found in the make-up of a good dog. . . . They are excellent disposition, high intelligence, and fine physique." Let us see what he means by "disposition." He defines it as "our propensity profile, a propensity being any such feeling-capacity as fear, anger, curiosity, elation (self-assertion), or parental love, tender feeling." These propensities "can be measured." Thereupon Dr. La Rue reduces the human race not to eight types or even four, but two—the good and the bad mixers, and the former, lucky creatures, seem to have all the virtues, as well, it is implied, as the gift of being able to transmit them to their children.

Now I believe the favourable way he contrasts the gregarious, slap-happy "good laughers" of North America with grim-faced totalitarians elsewhere is neither foolish nor merely self-complacent; with Anglo-Saxon vulgarity goes a love of life which immunizes those that have it from the contagion of mass-suicidal manias. This is not absolutely so, as we know for instance from the waves of hysteria following the death of film actors like Valentino and, recently, James Dean. But American suggestibility responds with overwhelming willingness to what life has to offer. The questions are, do not national dispositions at any time owe much to nurture, and are we to believe that good mixing—with all its ingredients—is commonly inherited?

The grandfathers of many Nazi S-S men must have been embodiments of *Gemüthlichkeit*, old fellows with walrus moustaches content with their beer and meerschaum pipes. The impact of an emotional creed (in Sir Charles Darwin's sense of this word) brought out a disposition in the Germans which only a few people—of whom the poet Heine was one—suspected was in them. And would those meerschaum-pipe-smokers have believed that the grandchildren of the gaberdined Jews shuffling in their local ghetto were going to turn into the farmers and fighters of a new Israel? Dr. La Rue would have been safer, or so it appears to me, to keep to the concept of temperament, rather than to have enlarged as he has done

on bundles of qualities labelled "disposition." In a family of ten children you can get all the temperaments; disposition in Dr. La Rue's sense is partly an effect of environment—but at least he reminds us that while innate qualities are what we are made of, it needs suitable free institutions for us to be able to make the best of ourselves.

It is brave of Dr. La Rue to say that "the most important act of society is the issuing of a marriage licence with privilege of parenthood," indeed he proclaims his belief that such a licence should sometimes be withheld for the community's sake. Eugenists on the whole think that family limitation should be voluntary. This is obviously the ideal, and a hard one it is to realize while education in such matters is rudimentary in some countries and in most countries non-existent; some governments actually ban birth-control. What will happen if population goes on increasing as it is doing now, and out-pacing resources? In 1921 the American government passed a Quota Act to reduce immigration and make it selective: they fixed ratios based on the numbers of any particular national stock resident in the United States in 1910. If the world food situation deteriorates one can imagine a World Quota Act in 2021 (or sooner) regulating the entry of babies from what Dr. La Rue calls Unbornia. What that might mean deserves a good deal of reflection.

PAUL BLOOMFIELD.

## FERTILITY

**Natality and Fertility in Mauritius, 1825-1955.** Central Statistical Office, Mauritius, 1956. Pp. 58. Mimeographed. No price stated.

THIS short neostyled report, copiously illustrated with charts and tables, presents and comments on the whole of the available birth statistics of Mauritius. The data are interesting for two main reasons: first, for the picture they present of the history of the island; secondly, for the vivid illustration they give of the modern problem of resources in a

limited area already densely populated and likely to become more overcrowded in the near future.

Mauritius was discovered by the Portuguese in the year 1505 and settled by the Dutch in 1644. After being abandoned, it was resettled by the French in 1721, and did not become a British possession until 1810. It is remarkable that the first census was taken there in 1767—thirty-four years before the first in Great Britain. There were then about 3,000 Europeans, 15,000 slaves and over 500 free coloured persons in the colony; aboriginals were not present. No birth statistics are quoted for these early days, but immigration and natural growth resulted in an increase in numbers to nearly 100,000 by the early eighteen-twenties, when a form of vital record appears to have been introduced. Birth-rates were high, and have remained so ever since; indeed, they reached their greatest value (forty-five per thousand) in 1951-55. The population is now over 500,000 on an area of no more than 720 square miles, and is increasing at 2 to 3 per cent per annum—almost the maximum possible rate for a community.

The report draws attention to the fact that the highest fertility in the world is often found in tropical islands and, further, shows that, especially among the Indo-Mauritian section of the people, there is a marked seasonal variation in births: the greatest numbers of conceptions corresponding to the times of the highest temperatures.

A remarkably pessimistic attitude is shown by the author towards the prospects for the future: "extreme poverty and destitution, squalor, starvation and distress still remain the threat to densely crowded populations with a highly prolific mode of life, confined in small insular areas"; the process of "re-adjusting numbers to a level at which the conditions of life are physiologically possible . . . will undoubtedly be achieved by an enforced decline of fertility through starvation and disease combined with a reversal to the high mortality of the past." There is no hint here of attempts to influence or educate the people in matters of birth control, and no suggestion that studies of the psychological

background of fertility, such as have been undertaken in Puerto Rico, should be carried out in Mauritius. It is perhaps hardly sufficient in the light of modern knowledge to conclude by saying that "it will depend on the rational choice and exertion of its individuals that they get freed from the menace of degradation through grinding poverty and needless suffering."

P. R. C.

## GENETICS

**Reed, Sheldon C.** *Counseling in Medical Genetics*. Philadelphia and London, 1956. W. B. Saunders. Pp. viii + 268. Price 28s.

DR. SHELDON REED has written the first book on genetic counselling directly based on the experience of a genetic clinic. His experience has been with the Dight Institute for Human Genetics of the University of Minnesota, which was founded in 1941. The book is intended as a guide to the family doctor who has no genetic clinic nearby, and has himself to advise patients who consult him on the risks of having abnormal children.

Dr. Reed is not medically qualified, but is an expert geneticist, and with the help of medical colleagues has become very conversant with the chief problems on which patients seek advice. The query that heads the list at his clinic, on the inheritance of skin colour, is seldom met with in Britain, but apart from that the experience of the Minnesota clinic is very similar to experience in this country. Dr. Reed rightly devotes most space to the common conditions about which advice is most frequently sought, even though their genetic basis is not yet fully worked out, rather than rarer conditions whose genetic basis is fully understood.

First, however, he has an admirable chapter on "A Philosophy for Counseling." Here he makes a point on which all engaged in giving advice on genetic problems will be agreed: the primary aim is to give inquirers understanding of the problem, rather than